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To:	Kevin Harper	
Fax No.	(703) 746-5906	
From:	John Doughty	
Date:	June 6, 2003	
Serial No.	09/620,821	
No. of Pages:	3 (including cover)	

Message:

Examiner Harper:

Following are a Revocation of Power of Attorney and a new Power of Attorney.

If there are any questions, please contact me at 678-473-8697 or by e-mail.

John L. Doughty 47,533

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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John L. Doughty

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number 09/620,821 Filing Date JULY 21, 2000 First Named Inventor CLOONAN CONFECTION CONTROL IN A DESTROPE DEVICE HAVING A BUFFERCIACU, Art Unit **Examiner Name** HARPER **Attorney Docket Number**

4807,0000917014

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application;							
A power of Attorney or Authorization of Agent is submitted herewith.							
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I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name David B Btts							
Signature							
Date		(oc)	Telephone	678-473	- 8370		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. **Application Number** 09/620,821 Filing Date July 21, 2000 First Named Inventor Cloonan **POWER OF ATTORNEY OR** Congestion Control in a Network Device **AUTHORIZATION OF AGENT** Group Art Unit 2666 Harper **Examiner Name** 4807.00009 / 7014 Attorney Docket Number I hereby appoint: Place Customer 21.924 Practitioners at Customer Number Number Bar Code OR Label here Practitioner(s) named below: Name Registration Number John L. Doughty 47,533 Gaines P. Carter 42,393 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number | 21,924 Number Bar Code Label here OR Firm or ARRIS International, Inc. Individual Name Address 11450 Technology Circle Address City Duluth Georgia Zip |30097 State USA Country Telephone 678-473-8697 Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted.

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